SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X A A A A Address B. Received by (Printed Name) C. Date of Delivery address different from item 1? Yes If YES, enter delivery address below:	
US BANK NATL ASSOC STANDBY LETTERS OF CREDIT 800 NICOLLET MALL BC-MN-H20G MINNEAPOLIS MN 55402	in red, chief delivery address below.	
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
PB 6/5/2012 MO470089	4. Restricted Delivery? (Extra Fee)	
2. Article Number	0001 3568 3407	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-		

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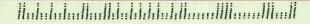
Sender: Please print your name, address, and ZIP+4 in this box

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PS Form 3800 August 200